



PROGRAM PRACTICES SUBMISSION FORM

IMMUNIZATION PROGRAM PRACTICES INFORMATION

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Program: Washington State Department of Health, Office of Immunization and Child Profile

Does AIM have permission to share this information on the publicly accessible AIM website? *All materials submitted will be posted on the AIM website.* X Yes ___ No

BULL'S-EYE AWARD

The **Bulls-Eye Award for Innovation and Excellence in Immunization** recognizes immunization strategies that “hit their mark” and achieve immunization goals with special consideration for practices that are innovative and easily replicated. Each year, AIM awards three programs the Bull’s-Eye Award. Only those practices with activities that are **currently ongoing** or **concluded during 2016** (including implementation, follow-up, and/or evaluation activities) will be considered for the award.

Would you like for this submission to be considered for the 2017 AIM Bull’s- Eye Award? X Yes ___ No

PROGRAM PRACTICE INFORMATION

Title

Washington State Kindergarten Immunization Report Card

Keywords (up to 5 main terms/phrases that describe the practice)

Publicizing immunization rates
Using immunization data to increase awareness
Using immunization data to improve practice
Increasing immunization rates in schools
Collaborating with school nurses

Is this practice Evidence / Guideline Based? *(if yes, please include reference below)* X Yes ___ No

Reference: www.thecommunityguide.org/vaccines/requirements_school.html. Last updated: 06/08/2016.

Background (scope of the immunization need or problem)

Washington State has struggled for years with unacceptably high vaccine exemption rates for school attendance. At one time, we had the highest exemption rate for kindergarteners in the country. This prompted many interventions, including rule changes, research into the root causes of vaccine hesitancy, and community

efforts to educate providers and parents about vaccine hesitancy and how to promote complete, on-time vaccination. These efforts have helped, but Washington's exemption and out of compliance rates remain high. We are continuing to seek new approaches to raising awareness in the community about the importance of immunization.

Describe the practice goals and objectives. To return school immunization data to school administrators and nurses in the form of an annual report card, which will permit staff to understand the performance of their school in the context of state rates and goals; and to provide resources and support to schools to continue to improve their immunization rates and reduce out of compliance.

What were the main implementation activities? We used the self-reported immunization data from 1471 schools in Washington that have a kindergarten, and created a report card that includes: three years of reported immunization rates in four categories (complete, exemptions, conditional, and out of compliance), and completion rates for key vaccines (DTaP, MMR, IPV, Hep B and Varicella). We provided state rates for each of these categories and showed the schools their percentile rank in the state for each measure. We also reported whether the kindergarten met the Healthy People 2020 goal of 95% coverage for the specific vaccines we listed.

The process of creating the report cards included clinical decisions about which vaccines and measures were most important to share, data consultation for creation of a template that could receive the data automatically for each school, communications expertise for best presentation of the data, and health promotion creation of a resource section that includes links to immunization regulations, the state's school immunization data web page, a toolkit for state schools and child care centers, a sample press release for schools to use to share their results, and information about our Immunity Community (a program of peer-to-peer parent advocacy for school and community immunization).

Where and when did the practice take place? The project began in Fall, 2015 and was complete with the release of the Kindergarten Immunization Report Cards in May, 2016.

How much staff time was involved? This was a project of our Data Communications Work Group, which includes two managers, our data coordinator, a policy analyst, an epidemiologist, and several health educators. About ten meetings were needed for the initial creation and testing of the Report Cards, as well as additional staff time (mostly data coordinator) to create templates and merge data. Total staff time is estimated at 200 hours for the initial creation. Future annual Report Cards will probably require significantly fewer staff resources since the system has been established.

What were the costs associated with the activity? What was the funding source? The only costs were staff time. Funding for the staff resource came from our CDC Immunization Program grant.

Identify the target population that the practice affected. The Report Cards are intended for school administrators and school nurses. We began this year with only schools that included kindergartens, but we are considering expanding to K-12 in the future. We encourage school administrators to publicize their Report Cards. In the future, we plan to establish a threshold for an award for high-performing schools. This will involve greater public awareness campaigns so parents of children attending a school will be able to view and react to their school rates.

If partners were involved, include who was involved, and how. The Report Cards were audience-tested by school nurses before they were finalized. We also informed our partners in local health about the Report Cards, because they are a critical link in our public health system and may receive questions or responses from schools.

Public and private schools report immunization data annually to the state, shortly after the school year begins. Before this intervention, they did not receive their data back in a form that would easily allow them to check their performance against state goals and compare their rates to state averages. This left school administrators and nurses unsure whether their immunization, exemption and out of compliance rates were problematic. There was no “threshold” that would trigger an intervention on their part when immunization rates did not meet goals.

This project describes a new approach: returning kindergarten immunization data to school administrators in the form of an annual report card, including comparisons against the state average and Healthy People 2020 goals, so the administrators can see their own school’s performance in context. We also included resources for improving complete immunization and reducing out-of-compliance. The report cards have been enthusiastically received by school administrators and nurses.

Program Practice Description

Timeframe of Implementation (Start and Stop Dates)

The project began in Fall, 2015 with planning and creation of the Report Cards. The Report Cards were released in May, 2016 and will be an ongoing project. The annual Report Card generation will begin with school data collection at the beginning of each school year, and will proceed through adjustments to the Report Card and resources included, data merging and dissemination. The cycles will end in May of each school year with the delivery of the Report Cards to school administrators.

Evaluation Data: Was the implementation and/or effectiveness of this practice assessed? (if “yes” or “limited,” provide any data that is available) ☐ Yes ☐ No ☒ Limited

Data: We conducted audience testing with school nurses before finalizing the design and content of the Report Card. We then received qualitative feedback from school nurses and administrators when the report cards were released. Some of the responses include:

- From a school nurse: Love the report card thing – principals are calling nurses and actually looking at it!
- From a principal: Love this report. Thanks!
- From a principal: Thank you for the comprehensive information and support. We appreciate you.
- From a principal: Thank you! From a principal: Thank you for this info. Very helpful!

The only negative feedback we received was a request to “unsubscribe.”

Conclusions / Lessons Learned / Key Factors for Success

- Self-reported school immunization data can be returned to school administrators with resources for continued improvement.
- School nurses strongly support informing administrators of their school's performance and ranking
- The data can be merged into a Report Card template and disseminated by mail merge
- School administrators appreciate the Report Card
- Questions about the data should be expected. We received inquiries about the timeliness of the data, how to interpret them, and why the data look different than the administrator was expecting.

Check if any of the following are being submitted to complement your submission:

(All materials will be posted on the AIM website)

- | | |
|---|--|
| <input type="checkbox"/> Testimonials | <input type="checkbox"/> Project photo(s) |
| <input type="checkbox"/> Quote from partner/participant | <input type="checkbox"/> Publication (e.g., news story, journal article) |
| X Sample of materials produced | <input type="checkbox"/> Video/audio clip |
| <input type="checkbox"/> Press release | <input type="checkbox"/> Website URL |
| <input type="checkbox"/> Promotional materials | <input type="checkbox"/> Tables or graphs |
| | <input type="checkbox"/> Other — Explain: _____ |

****Email the completed form to Mary Waterman (mwaterman@immunizationmanagers.org) with the subject line "Program Practices Submission."**